

Patient /Applicant Information			
First name	Middle initial	Last name	
Current address			Mother's maiden name
City	State	ZIP	Monthly housing payment
Home phone	How long at current address?	Own[] Rent[] Other	
Previous address (if less than one(1) year at current address)			
Social Security Number (Required)		Date of birth	
Name of employer/business	Position	Owner[] Partner[] Principal[]	
Work address			
City	State	ZIP	Work phone number
How long with this employer?	Salary		
Household income	Other income*	Source	
Previous employer/business (if less than two(2) years at current employer)			Years employed
Address		State	ZIP
Retire/unemployer/other (describe)			

Co-Applicant Information			
Relationship to applicant above			
First name	Middle initial	Last name	
Current address			Mother's maiden name
City	State	ZIP	Monthly housing payment
Home phone	How long at current address?	Own[] Rent[] Other	
Previous address (if less than one(1) year at current address)			
Social Security Number (Required)		Date of birth	
Name of employer/business	Position	Owner[] Partner[] Principal[]	
Work address			
City	State	ZIP	Work phone number
How long with this employer?	Salary		
Household income	Other income*	Source	
Previous employer/business (if less than two(2) years at current employer)			Years employed
Address		State	ZIP
Retire/unemployer/other (describe)			

\*Alimony, child support, or separate income need not be revealed if you do not desire such information to be considered by the bank in making credit decision.

I/We hereby certify that the information contained herein is true and accurate to the best of my knowledge and I/we further authorize PatientFinance.com and/or its assigns to make whatever inquiries it deems necessary, including obtaining credit reports in connection with this application.

Applicant's signature

Co-Applicant's Signature

Provider Use Only		
Provider number	Provider phone	Amount requested
Provider name	Term of loan	